

<i>SERFF Tracking Number:</i>	<i>AMRS-125268236</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025855</i>
<i>Company Tracking Number:</i>	<i>AR-WC-70303-RU</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: Workers Compensation	SERFF Tr Num: AMRS-125268236	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025855
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: AR-WC-70303-RU	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Tracy Upcott	Disposition Date: 08/22/2007
	Date Submitted: 08/21/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: NCCI, Inc.	Reference Number: Item R-1396
Reference Title: 2007 Update to Retrospective Rating Plan Parameters	Advisory Org. Circular: CIF-2007-05
Filing Status Changed: 08/22/2007	
State Status Changed: 08/22/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Amerisure Mutual Insurance Company and Amerisure Insurance Company are members of the National Council on Compensation Insurance, Inc. (NCCI).

We wish to adopt NCCI Item R-1396 – 2007 Update to Retrospective Rating Plan Parameters as announced in Circular CIF-2007-05 and approved in Circular IF-2007-07-03.

In accordance with the two effective dates specified in Item R-1396, we are requesting the following:

-Expected Loss Ranges (ELR's) and Hazard Group Relativities to be effective January 1, 2008

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-Excess Loss Factors (ELF's) to be effective July 1, 2008 as shown at the top of Arkansas' filing Exhibit number 6 & 7

Company and Contact

Filing Contact Information

Tracy Upcott, Compliance Analyst I	tupcott@amerisure.com
26777 Halsted Rd.	(800) 257-1900 [Phone]
Farmington Hills, MI 48331	(248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY	CoCode: 23396	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-0829210 -----	
AMERISURE INSURANCE COMPANY	CoCode: 19488	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-1869912 -----	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 per Advisory Rule filing
Per Company:	No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
267634	\$25.00	08/08/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/22/2007	08/22/2007

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Disposition

Disposition Date: 08/22/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Bypassed -Name: Uniform Transmittal Document- 08/21/2007
Property & Casualty
Bypass Reason: Filing details are included in the General Information tab.
Comments:

Review Status:

Bypassed -Name: NAIC Loss Cost Filing Document 08/21/2007
for Workers' Compensation
Bypass Reason: This filing does not include loss costs.
Comments:

Review Status:

Bypassed -Name: NAIC loss cost data entry document 08/21/2007
Bypass Reason: This filing does not include loss costs.
Comments: